

Introduced by Senator Lee

February 27, 1997

An act to amend Section 14094.3 of the Welfare and Institutions Code, relating to human services.

LEGISLATIVE COUNSEL'S DIGEST

SB 983, as introduced, Lee. Medi-Cal: CCS-eligible children.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons.

Existing law provides for the provision of Medi-Cal services through managed care contracts, and specifies that children eligible for benefits through the California Childrens Services Program shall not be incorporated into any Medi-Cal managed care contract until 3 years after the effective date of the contract.

Existing law authorizes the State Department of Health Services to authorize a pilot project in Solano County in which reimbursement for conditions eligible under the CCS program may be reimbursed on a capitated basis under certain conditions.

This bill would specify that in approving any pilot project under that authorization, the department shall ensure that financial resources for providing medical care to children eligible for benefits under the California Childrens Services

Program are not diverted to offset funding shortfalls for services provided to other population groups.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 14094.3 of the Welfare and
2 Institutions Code is amended to read:
3 14094.3. (a) Notwithstanding this article or Section
4 14093.05 or 14094.1, CCS covered services shall not be
5 incorporated into any Medi-Cal managed care contract
6 entered into after August 1, 1994, pursuant to Article 2.7
7 (commencing with Section 14087.3), Article 2.8
8 (commencing with Section 14087.5), Article 2.9
9 (commencing with Section 14088), Article 2.91
10 (commencing with Section 14089), Article 2.95
11 (commencing with Section 14092); or either Article 2
12 (commencing with Section 14200), or Article 7
13 (commencing with Section 14490) of Chapter 8, until
14 three years after the effective date of the contract.
15 (b) Notwithstanding any other provision of this
16 chapter, providers serving children under the CCS
17 program who are enrolled with a Medi-Cal managed care
18 contractor but who are not enrolled in a pilot project
19 pursuant to subdivision (c) shall continue to submit
20 billing for CCS covered services on a fee-for-service basis
21 until CCS covered services are incorporated into the
22 Medi-Cal managed care contracts described in
23 subdivision (a).
24 (c) (1) The department may authorize a pilot project
25 in Solano County in which reimbursement for conditions
26 eligible under the CCS program may be reimbursed on
27 a capitated basis pursuant to Section 14093.05, and
28 provided all CCS program's guidelines, standards, and
29 regulations are adhered to, and CCS program's case
30 management is utilized.
31 (2) During the three-year time period described in
32 subdivision (a), the department may approve,
33 implement, and evaluate limited pilot projects under the

1 CCS program to test alternative managed care models
2 tailored to the special health care needs of children under
3 the CCS program. The pilot projects may include, but
4 need not be limited to, coverage of different geographic
5 areas, focusing on certain subpopulations, and the
6 employment of different payment and incentive models.
7 Pilot project proposals from CCS program-approved
8 providers shall be given preference. All pilot projects
9 shall utilize CCS program-approved standards and
10 providers pursuant to Section 14094.1.

11 (d) (1) The department shall submit to the
12 appropriate committees of the Legislature an evaluation
13 of pilot projects established pursuant to subdivision (c)
14 based on at least one full year of operation.

15 (2) The evaluation required by paragraph (1) shall
16 address the impact of the pilot projects on outcomes as set
17 forth in paragraph (4) and, in addition, shall do both of
18 the following:

19 (A) Examine the barriers, if any, to incorporating CCS
20 covered services into the Medi-Cal managed care
21 contracts described in subdivision (a).

22 (B) Compare different pilot project models with the
23 fee-for-service system. The evaluation shall identify, to
24 the extent possible, those factors that make pilot projects
25 most effective in meeting the special needs of children
26 with CCS eligible conditions.

27 (3) CCS covered services shall not be incorporated
28 into the Medi-Cal managed care contracts described in
29 subdivision (a) before the evaluation process has been
30 completed.

31 (4) The pilot projects shall be evaluated to determine
32 if:

33 (A) All children enrolled with a Medi-Cal managed
34 care contractor described in subdivision (a) identified as
35 having a CCS eligible condition are referred in a timely
36 fashion for appropriate health care.

37 (B) All children in the CCS program have access to
38 coordinated care that includes primary care services in
39 their own community.

40 (C) CCS program standards are adhered to.

1 (e) For purposes of this section, CCS covered services
2 include all program benefits administered by the
3 program specified in Section 123840 of the Health and
4 Safety Code regardless of the funding source.

5 (f) Nothing in this section shall be construed to
6 exclude or restrict CCS eligible children from enrollment
7 with a managed care contractor or from receiving from
8 the managed care contractor with which they are
9 enrolled primary and other health care unrelated to the
10 treatment of the CCS eligible condition.

11 (g) *In approving any pilot project pursuant to*
12 *subdivision (c), the department shall ensure that*
13 *financial resources for providing medical care to*
14 *CCS-eligible children are not diverted to offset funding*
15 *shortfalls for services provided to other population*
16 *groups.*

